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## BIB DATA SHEET

CONFIRMATION NO. 6589

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/579,265	05/04/2007	324	4123	MED5001
<b>RULE</b>				
<b>APPLICANTS</b> Volker Bodecker, Hannover, GERMANY; Axel Niemeyer, Bielefeld, GERMANY; Stefan Meyer, Breidenbach, GERMANY; Max G. Ostermeier, Hannover, GERMANY; Bernhard Wagner, Wunstorf, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/12671 11/09/2004				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 53 143.2 11/14/2003				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/18/2007				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/MICHAEL C STOUT/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance MCS Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 17
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> PHILIP S. JOHNSON JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003 UNITED STATES				
<b>TITLE</b> Implant for Intracorporal, Telemetric Measurement				
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	